

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
- ☒ This is an **amended*** Statement of Organization

* An initial Statement of Organization should be filed within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$100. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM
DR-1
(Rev. 10/98)

STATEMENT
OF
ORGANIZATION

For Office Use Only

Comm. # 6044
Indexed _____
Audited _____
Computer _____

COMMITTEE NAME (Required by law)

HEARING AID SPECIALIST POLITICAL ACTION Committee

IMPORTANT: Indicate type of committee you are reporting for:

☒ 2

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name WILLIAM FLETCHER
Mailing Address 3741 CENTER PT RONE
City, State Zip Code CEDAR RAPIDS IA 52402
Home Phone EMAIL hearing@yahoo.com
Day Phone (319) 393-4673

Name WILLIAM FLETCHER
Mailing Address 3741 CENTER PT RONE
City, State Zip Code CEDAR RAPIDS IA 52402
Home Phone EMAIL Abry hearing@YAHOO.COM
Day Phone (319) 393-4673

INDICATE PURPOSE OF COMMITTEE - Check One Box

☐ To support or oppose candidate(s)

☐ To support or oppose ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: _____

District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____

Date of Election: _____

Bank Account Name

HEARING AID SPECIALIST POLITICAL ACTION Committee

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Name of Financial Institution/Type of Account

WELLS FARGO CHECKING

Mailing Address

Mailing Address

1001 OFFICE PARK RD

City

State

Zip

City

State

Zip

WEST DES MOINES IA 50265

Home Phone () _____

Day Phone () _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

(Statement of intent required by law for all committees, except state parties and central committees.)

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(3) DONATED TO CHARITABLE ORGANIZATION

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(specify) _____

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of five hundred dollars in a calendar year for the purpose of supporting or opposing any candidate for public office or ballot issue. I am also aware that late-filed reports are subject to civil penalties (fines) under the disclosure law. I also understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports. Finally, I affirm that all committee officers have been informed of their appointment and obligations.

Signature of Treasurer

Signature of Candidate, OR, if PAC or Central Committee, Chairperson

Date Signed

Date Signed